

Sheet Cont'd

PTO/SB/07 (08-03)

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number <i>09/943,955</i>	Filing Date
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Applicant(s)	
CLAIMS	AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1					51		
2	1					52		
3	1					53		
4	1					54		
5	1					55		
6	2					56		
7	2					57		
8	2					58		
9	2					59		
10	2					60		
11	2					61		
12	2					62		
13	2					63		
14	2					64		
15	2					65		
16	2					66		
17	2					67		
18	2					68		
19	2					69		
20	1					70		
21	1					71		
22	1					72		
23	1					73		
24	1					74		
25	1					75		
26	1					76		
27	1					77		
28	1					78		
29	1					79		
30	1					80		
31	1					81		
32	1					82		
33	1					83		
34	1					84		
35						85		
36						86		
37						87		
38						88		
39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
Total Indep	7					Total Indep		
Total Depend	41					Total Depend		
Total Claims	48					Total Claims		

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